



**Hope Harbor, Inc.**  
*"A Pathway to Freedom"*  
2929 Durand Hwy, Warm Springs, GA 31830  
P.O. Box 800389, LaGrange, GA 30240  
Phone: 706-333-0000  
Fax: 706-882-8303

## **STUDENT APPLICATION**

### **PERSONAL INFORMATION**

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_

**Race** (Providing this information is optional and will not be used for discriminatory purposes)

\_\_\_\_Caucasian      \_\_\_\_Black or African American      \_\_\_\_Asian      \_\_\_\_Latino or Hispanic

\_\_\_\_Native American or Alaskan Native      \_\_\_\_Native Hawaiian or Other Pacific Islander

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have you ever been in a drug recovery program before? \_\_\_\_ Yes \_\_\_\_ No

Where? \_\_\_\_\_

Are you a smoker? \_\_\_\_ Yes \_\_\_\_ No

Are you willing to stop smoking? \_\_\_\_\_

### **SOCIAL STATUS**

Marital Status: \_\_\_\_Single      \_\_\_\_Married      \_\_\_\_Divorced      \_\_\_\_Separated

How long have you been married? \_\_\_\_\_ Number of children \_\_\_\_\_

Children's name and date of birth

Name: \_\_\_\_\_ DOB \_\_\_\_\_

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Name: \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Spouses Name \_\_\_\_\_

If divorced or separated, give date: \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Business) \_\_\_\_\_

Office Use Only	
_____ \$1000.00 Entrance Fee (Non Refundable)	Application # _____
_____ \$ 400.00 Monthly Fee (11 mos.)	
	Date Entered _____
	Grad Date _____

**PARENTS** (If living)

Father's name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address (If different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EDUCATION**

High School (Highest grade completed)

\_\_\_9<sup>th</sup> \_\_\_10<sup>th</sup> \_\_\_11<sup>th</sup> \_\_\_12<sup>th</sup> \_\_\_H.S.Diploma \_\_\_GED

College (Highest grade completed)

\_\_\_13<sup>th</sup> \_\_\_14<sup>th</sup> \_\_\_15<sup>th</sup> \_\_\_16<sup>th</sup> \_\_\_Diploma \_\_\_Other \_\_\_\_\_

Trade School  
Trade \_\_\_\_\_

Your Skills and Abilities (List all skills you may have)  
\_\_\_\_\_  
\_\_\_\_\_

Last Place of Employment \_\_\_\_\_

Job Description \_\_\_\_\_

### **RELIGIOUS INFORMATION**

Church Affiliation \_\_\_\_\_ Member  Yes  No

Name and Address of Your Church \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Pastor's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **DRIVING RECORD**

Is your License Valid?  Yes  No License # \_\_\_\_\_ State \_\_\_\_\_

Have you had any traffic tickets within the last 3 years?  Yes  No

If so, which state(s) \_\_\_\_\_?

### **PERSONAL MEDICAL HISTORY**

Completely list all the drugs/alcohol you have been on or had been using and how long you have been using them. (If there are more put it on a separate sheet of paper?)

Substance	Amount/how often used	Date Started	Date of last use
Cocaine/Crack			
Marijuana			
Heroin			
Alcohol			
Nicotine			
Prescription Drugs			
Methamphetamine			
Other			

Is there a history of substance abuse in your family?  Yes  No

If so, please describe: \_\_\_\_\_

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Ever had convulsions, seizures, or blackouts?  Yes  No

Please list anything you are allergic to (especially if you are allergic to bee stings)

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**Mental:**

Have you ever been diagnosed or treated for:

DID/Dissociative Disorder \_\_\_\_\_ ADD \_\_\_\_\_ ADHA \_\_\_\_\_ Schizophrenia \_\_\_\_\_

Bi-Polar Disorder \_\_\_\_\_ Borderline Personality Disorder \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

Suicide Attempts in the past 3 years? \_\_\_\_\_ How? \_\_\_\_\_

Have you ever been to counseling? \_\_\_\_\_

Have you recently been to a home, state, or private hospital within the last 2 years?  
 Yes  No

If so, where, when, and for what reason? \_\_\_\_\_

**Rate yourself in the following conditions.**

**Physical:**  Excellent  Good  Fair  Poor

**Mental:**  Excellent  Good  Fair  Poor

**Emotional:**  Excellent  Good  Fair  Poor

**Spiritual:**  Excellent  Good  Fair  Poor

Do you have any long-term medical problems? (heart disease, diabetes, epilepsy, respiratory problems, hepatitis, tuberculosis, hearing problems, venereal disease or others)

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Are you taking any medications now? (List and explain for what)

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Date of last physical or hospitalization \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Is there any chance you could be pregnant? \_\_\_\_\_ How many months? \_\_\_\_\_

Pregnancy complications? \_\_\_\_\_

**\*\*\* PLEASE NOTE: WE ARE NOT A MEDICAL FACILITY AND CANNOT GIVE MEDICAL CARE. WE NEED TO KNOW WHO WILL BE RESPONSIBLE FOR MEDICAL EXPENSES INCURRED WHILE YOU ARE HERE. \*\*\***

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

If you have no insurance, list the name of the responsible person, address, and telephone number:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you ever been verbally, sexually, or physically abused? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever verbally, sexually, or physically abused anyone? \_\_\_\_\_ Yes \_\_\_\_\_ No

### **LEGAL INFORMATION**

Are you currently on:

\_\_\_\_\_ Parole \_\_\_\_\_ Probation \_\_\_\_\_ Under Bond \_\_\_\_\_ Court ordered to be here

If so, how long and for what? \_\_\_\_\_

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Parole/Probation Officer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Are you scheduled to be in court or attend any hearings within the next six months?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Where? \_\_\_\_\_ When? \_\_\_\_\_

**ADDITIONAL INFORMATION**

Who recommended Hope Harbor to you? \_\_\_\_\_

Were you ever in the military? \_\_\_\_\_ Yes \_\_\_\_\_ No

Dates of military service \_\_\_\_\_ Rank \_\_\_\_\_

